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|---|--|--|---|--|---|--|--|---|--|--|---|--|--|
| <p>SENDER: COMPLETE THIS SECTION</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Complete items 1, 2, and 3. <input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits. <p>1. Article Addressed to:</p> <p>US ATTORNEY WESTERN DISTRICT OF LOUISIANA 800 LAFAYETTE ST #2200 LAFAYETTE LA 70501-6832</p> <p>9590 9402 6353 0296 1205 28</p> <p>2. Article Number (<i>Transfer from service label</i>)</p> <p>7020 1810 0001 9545 4830</p> | <p>COMPLETE THIS SECTION ON DELIVERY</p> <p>A. Signature X A. Iorio <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) 01444 C-19 C. Date of Delivery 5-13-22</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: No</p> <p>3. Service Type</p> <table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"><input type="checkbox"/> Adult Signature</td> <td style="width: 50%;"><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> </table> <p>Restricted Delivery</p> | <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® | <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ | <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery | <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Signature Confirmation™ | <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery | <input type="checkbox"/> Collect on Delivery Restricted Delivery | |
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® | | | | | | | | | | | | |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ | | | | | | | | | | | | |
| <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery | | | | | | | | | | | | |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Signature Confirmation™ | | | | | | | | | | | | |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery | | | | | | | | | | | | |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | | | | | | | | | | | | | |

PS Form 3811, July 2020 PSN 7530-02-000-8063 Domestic Return Receipt



| | | | |
|--|--|--|--|
| SENDER: COMPLETE THIS SECTION | | COMPLETE THIS SECTION ON DELIVERY | |
| <ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. | | <p>A. Signature <input checked="" type="checkbox"/> Eddie Dennis <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery Eddie Dennis 5-16-22</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> | |
| <p>1. Article Addressed to:</p> <p style="text-align: center;">CENTERS FOR DISEASE CONTROL & PREVENTION 1600 CLIFTON ROAD ATLANTA GA 30329-4027</p> <p style="text-align: center;"> 9590 9402 6353 0296 1205 66</p> | | <p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p>Used Mail Used Mail Restricted Delivery (over \$500)</p> | |
| <p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">7020 1810 0001 9545 4878</p> | | <p>Domestic Return Receipt</p> | |

PS Form 3811, July 2020 PSN 7530-02-000-9053



| | | | |
|--|--|--|--|
| SENDER: COMPLETE THIS SECTION | | COMPLETE THIS SECTION ON DELIVERY | |
| <ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. | | <p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)</p> <p>C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> | |
| <p>1. Article Addressed to:</p> <p>ATTN CIVIL PROCESS CLERK US ATTORNEY GENERAL 950 PENNSYLVANIA AVE NW WASHINGTON DC 20530-0001</p> <p>9590 9402 6353 0296 1206 03</p> <p>2. Article Number</p> <p>7020 1810 0001 9545 4915</p> | | <p style="text-align: center;">MAY 16 2022</p> <p>Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Restricted Delivery</p> <p>(over \$300)</p> | |

PS Form 3811, July 2020 PSN 7530-02-000-9053

Domestic Return Receipt

4847
9545
0001
0010
1810
7020

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only**

For delivery information, visit our website at www.usps.com.

OFFICIAL USE

Certified Mail Fee \$ 3.75
 Return Receipt (hardcopy) \$.50
 Return Receipt (electronic) \$ _____
 Certified Mail Restricted Delivery \$ _____
 Adult Signature Required \$ _____
 Adult Signature Restricted Delivery \$ _____

Postage \$ 2.50
Total Postage and Fees \$ 9.30

Sent To: ALEJANDRO MAYORKAS
SECRETARY OF US HOMELAND SECURITY
Street and: OFFICE OF GENERAL COUNSEL
2707 MARTIN LUTHER KING JR AVE SE
City, State: WASHINGTON DC 20528

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

RECEIVED
MAY 10 2022
Postmark Here
ST. LOUIS, MO 63101-9888

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
*Domestic Mail Only***

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

| | | | | |
|---|------|------|------|------|
| 4960 | 9545 | 0000 | 1810 | 7020 |
| Certified Mail Fee 3.75 | | | | |
| \$ | | | | |
| Extra Services & Fees (check box, add fee as appropriate) | | | | |
| <input checked="" type="checkbox"/> Return Receipt (hardcopy) \$ 3.05 | | | | |
| <input type="checkbox"/> Return Receipt (electronic) \$ _____ | | | | |
| <input type="checkbox"/> Certified Mail Restricted Delivery \$ _____ | | | | |
| <input type="checkbox"/> Adult Signature Required \$ _____ | | | | |
| <input type="checkbox"/> Adult Signature Restricted Delivery \$ _____ | | | | |
| Postage 2.56 | | | | |
| \$ | | | | |
| Total Postage and Fees 9.36 | | | | |
| \$ | | | | |
| Sent To Jen Easterly, CISA Agency Stop 0380 | | | | |
| Street and/or Department of Homeland Security | | | | |
| City, State, Zip 245 Murray Lane | | | | |
| Washington, D.C. 20528-0380 | | | | |

PS Form 3600, April 2010 | GPO: 200-097-000-5047 | See Reverse for Instructions

Postmark
Here

MAI 10 2022
ST. LOUIS, MO 63101-8698

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only**

For delivery information, visit our website at www.usps.com.

OFFICIAL USE

9545 4861
0001 1810 7020

| | |
|---|--|
| Certified Mail Fee | 375 |
| \$ | |
| Extra Services & Fees (check box, add fee as appropriate) | |
| <input checked="" type="checkbox"/> Return Receipt (hardcopy) | \$ 3.00 |
| <input type="checkbox"/> Return Receipt (electronic) | \$ |
| <input type="checkbox"/> Certified Mail Restricted Delivery | \$ |
| <input type="checkbox"/> Adult Signature Required | \$ |
| <input type="checkbox"/> Adult Signature Restricted Delivery | \$ |
| Postage | 254 |
| \$ | |
| Total Postage and Fees | 9.34 |
| \$ | |
| Sent To | GENERAL COUNSEL MS 0485 DEPT OF HOMELAND SECURITY 2707 MARTIN LUTHER KING JR SE WASHINGTON DC 20528 |
| Street #: | |
| City, Sta: | |

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

MAY 10 2022
ST. LOUIS, MO 63101-9888
RECEIVED
Postmark Here

**U.S. Postal Service™
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Domestic Mail Only**

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee **3.75**
\$ **3.75**

Extra Services & Fees (check box, add fees as appropriate)

Return Receipt (hardcopy) \$ **3.75**
 Return Receipt (electronic) \$ _____
 Certified Mail Restricted Delivery \$ _____
 Adult Signature Required \$ _____
 Adult Signature Restricted Delivery \$ _____

Postage **2.50**
\$ **2.50**

Total Postage and Fees **9.30**
\$ **9.30**

Sent To Cybersecurity and Infrastructure Security Agency Stop 0380
Street and Department of Homeland Security
City, State, 245 Murray Lane
Washington, D.C. 20528-0380

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

MAY 10 2022
Postmark Here
ST. LOUIS, MO 63101-9888



| SENDER: COMPLETE THIS SECTION | | COMPLETE THIS SECTION ON DELIVERY | |
|--|--|--|--|
| <ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. <p>1. Article Addressed to:</p> | | <p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X</p> <p>B. Received by (Printed Name) <input type="checkbox"/> C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter alternative address below: <input type="checkbox"/> No</p> <p>RECEIVED</p> | |
| <p>JENNIFER RENE PSAKI THE WHITE HOUSE 1600 PENNSYLVANIA AVE NW WASHINGTON DC 20500</p> <p>9590 9402 6353 0296 1206 34</p> <p>2. Article Number (Transfer from service label)</p> <p>7020 1810 0001 9545 4939</p> | | <p>MSOD Mail Operation</p> <p>Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p>Restricted Delivery</p> | |
| <p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p> | | <p>Domestic Return Receipt</p> | |

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com.

| OFFICIAL USE | |
|---|----------|
| Certified Mail Fee | 3.75 |
| \$ | |
| Extra Services & Fees (check box, add fee as appropriate) | |
| <input type="checkbox"/> Return Receipt (hardcopy) | \$ 3.05 |
| <input type="checkbox"/> Return Receipt (electronic) | \$ _____ |
| <input type="checkbox"/> Certified Mail Restricted Delivery | \$ _____ |
| <input type="checkbox"/> Adult Signature Required | \$ _____ |
| <input type="checkbox"/> Adult Signature Restricted Delivery | \$ _____ |
| Postage | 2.50 |
| \$ | |
| Total Postage and Fees | |
| \$ | 9.34 |
| Sent To | ----- |
| Street: | ----- |
| City, St. | ----- |
| NINA JANKOWICZ c/o DEPT OF HOMELAND SECURITY 2707 MARTIN LUTHER KING JR SE WASHINGTON DC 20528 | |

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions



4900
9545
1810
7020
7

**U.S. Postal Service™
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Domestic Mail Only**

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OFFICIAL USE

Certified Mail Fee **3.75**
\$
Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$ **0.50**
 Return Receipt (electronic) \$ _____
 Certified Mail Restricted Delivery \$ _____
 Adult Signature Required \$ _____
 Adult Signature Restricted Delivery \$ _____

Postage **2.80**
\$
Total Postage and Fees **9.30**

**VIVEK H MURTHY
OFFICE OF SURGEON GENERAL
US DEPT OF HEALTH & HUMAN SERV
200 INDEPENDENCE AVE SW
WASHINGTON DC 20201**

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

MAY 10 2022
Postmark
Here
ST. LOUIS, MO 63101-9898



| | | | |
|--|--|--|--|
| SENDER: COMPLETE THIS SECTION | | COMPLETE THIS SECTION ON DELIVERY | |
| <ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. | | <p>A. Signature <input checked="" type="checkbox"/> C19 <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input type="checkbox"/> SDO C. Date of Delivery <input type="checkbox"/> 5-B-22</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> | |
| <p>1. Article Addressed to:</p> <p>The Honorable Brandon B Brown US Attorney for Western District Louisiana 300 Fannin Street Suite 3201 Shreveport LA 71101</p> | | <p>3. Service Type</p> <p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> | |
| <p>2. Article Number (Transfer from service label)</p> <p>9590 9402 6353 0296 1208 18</p> <p>7020 1810 0001 9545 4809</p> | | <p>Over 6000</p> <p>Restricted Delivery</p> | |



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|--|---|---|--|--|---|--|---|--|--|---|--|--|---|--|--|
| SENDER: COMPLETE THIS SECTION | | COMPLETE THIS SECTION ON DELIVERY | | | | | | | | | | | | | |
| <ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. | | <p>A. Signature  <input checked="" type="checkbox"/> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)  <input type="checkbox"/> C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> | | | | | | | | | | | | | |
| <p>XAVIER BECCERRA US DEPT OF HHS 200 INDEPENDENCE AVE SW WASHINGTON DC 20201</p> <p>9590 9402 6353 0296 1205 73</p> <p>2. 7020 1810 0001 9545 4885</p> | | | | | | | | | | | | | | | |
| | | <p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> </table> <p>4. Restricted Delivery</p> | | <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® | <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ | <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery | <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Signature Confirmation™ | <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery | <input type="checkbox"/> Collect on Delivery Restricted Delivery | |
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® | | | | | | | | | | | | | | |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ | | | | | | | | | | | | | | |
| <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery | | | | | | | | | | | | | | |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Signature Confirmation™ | | | | | | | | | | | | | | |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery | | | | | | | | | | | | | | |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | | | | | | | | | | | | | | | |
| <p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p> | | <p>Domestic Return Receipt</p> | | | | | | | | | | | | | |



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| SENDER: COMPLETE THIS SECTION | | COMPLETE THIS SECTION ON DELIVERY | |
| <ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. | | <p>A. Signature X</p> <p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)</p> <p>C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> | |
| <p>1. Article Addressed to:</p> <p>OFFICE OF GENERAL COUNSEL DEPT HHS 200 INDEPENDENCE AVE SW WASHINGTON DC 20201</p> <p>9590 9402 6353 0296 1205 80</p> <p>2. Article Number (Transfer from service label)</p> <p>7020 1810 0001 9545 4892</p> | | <p>3. Service Type</p> <p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p>Insured Mail Insured Mail Restricted Delivery (over \$500)</p> | |

PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

4854
9545
0001
1810
7020

| | |
|--|---------|
| Certified Mail Fee | 3.75 |
| \$ | |
| Extra Services & Fees (check box, add fee as appropriate) | |
| <input type="checkbox"/> Return Receipt (hardcopy) | \$ 3.05 |
| <input type="checkbox"/> Return Receipt (electronic) | \$ |
| <input type="checkbox"/> Certified Mail Restricted Delivery | \$ |
| <input type="checkbox"/> Adult Signature Required | \$ |
| <input type="checkbox"/> Adult Signature Restricted Delivery | \$ |
| Postage | 2.50 |
| \$ | |
| Total Postage and Fees | 9.34 |
| \$ | |

DR ANTHONY FAUCI
NATIONAL INSTITUTE OF ALLERGY &
INFECTIOUS DISEASES
5601 FISHERS LANE MSC 9806
BETHSEDA MD 20892-8906

Postmark
Here
MAIL
ST. LOUIS, MO 63101-0934

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

4953 9545 0001 1810 0020 7020

| U.S. Postal Service™ CERTIFIED MAIL® RECEIPT <i>Domestic Mail Only</i> | |
|--|----------------|
| For delivery information, visit our website at www.usps.com ®. | |
| OFFICIAL USE | |
| Certified Mail Fee 3.75 | |
| \$ | |
| Extra Services & Fees (check box, add fee as appropriate) | |
| <input checked="" type="checkbox"/> Return Receipt (hardcopy) | \$ 3.05 |
| <input type="checkbox"/> Return Receipt (electronic) | \$ 0.00 |
| <input type="checkbox"/> Certified Mail Restricted Delivery | \$ 0.00 |
| <input type="checkbox"/> Adult Signature Required | \$ 0.00 |
| <input type="checkbox"/> Adult Signature Restricted Delivery | \$ 0.00 |
| Postage 2.50 | |
| \$ | |
| Total Postage and Fees 9.36 | |
| \$ | |
| Sent To | |
| Street and Apt. | |
| 5601 FISHERS LANE MSC 9806 | |
| City, State, Zip | |
| BETHSEDA MD 20892-8906 | |
| PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions | |

Postmark
Here

MAY 10 2022
ST. LOUIS, MO

7020 1810 0001 9545 4816

| U.S. Postal Service™ CERTIFIED MAIL® RECEIPT <i>Domestic Mail Only</i> | |
|---|--|
| For delivery information, visit our website at www.usps.com . | |
| OFFICIAL USE | |
| Certified Mail Fee \$ 3.75 | |
| <input checked="" type="checkbox"/> Return Receipt (hardcopy) \$ 3.05 | |
| <input type="checkbox"/> Return Receipt (electronic) \$ 0.00 | |
| <input type="checkbox"/> Certified Mail Restricted Delivery \$ 0.00 | |
| <input type="checkbox"/> Adult Signature Required \$ 0.00 | |
| <input type="checkbox"/> Adult Signature Restricted Delivery \$ 0.00 | |
| Postage \$ 0.00 | |
| Total Postage and Fees \$ 10.36 | |
| To: Attorney General of the United States Attn Assistant Attorney General for Administration 950 Pennsylvania Avenue NW Washington DC 20530-001 | |
| PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions | |

MAY 10 2022
ST. LOUIS, MO 63101-8666
Postmark Here
3.75
WHEELER S.

| | | | |
|---|--|---|--|
| SENDER: COMPLETE THIS SECTION | | COMPLETE THIS SECTION ON DELIVERY | |
| <ul style="list-style-type: none"> <input type="checkbox"/> Complete items 1, 2, and 3. <input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits. | | <p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X</p> <p>B. Received by (Printed Name) <input type="checkbox"/> C. Date of Delivery</p> <p>MAY 16 2022</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <i>City Hall</i> <input type="checkbox"/> No</p> | |
| <p>1. Article Addressed to:</p> <p>Attorney General of the United States Attn Assistant Attorney General for Administration 950 Pennsylvania Avenue NW Washington DC 20530-001</p> <p>9590 9402 6353 0296 1205 11</p> <p></p> | | <p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Restricted Delivery <input type="checkbox"/> Insured Mail</p> | |
| <p>2. Article Number (Transfer from service label)</p> <p>7020 1810 0001 9545 4816</p> | | <p>Domestic Return Receipt</p> | |

PS Form 3811, July 2020 PSN 7530-02-000-9053

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL *WHEELER STATION*

7020 1810 0001 9545 4977

| | |
|--|---|
| Certified Mail Fee \$ | <input type="checkbox"/> Return Receipt (hardcopy) \$ _____ <input type="checkbox"/> Return Receipt (electronic) \$ _____ <input type="checkbox"/> Certified Mail Restricted Delivery \$ _____ <input type="checkbox"/> Adult Signature Required \$ _____ <input type="checkbox"/> Adult Signature Restricted Delivery \$ _____ |
| Postage \$ | 16.65 |
| Total Postage and Fees \$ | |
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